STATE OF MARYLAND

DHMH

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June 17, 2011

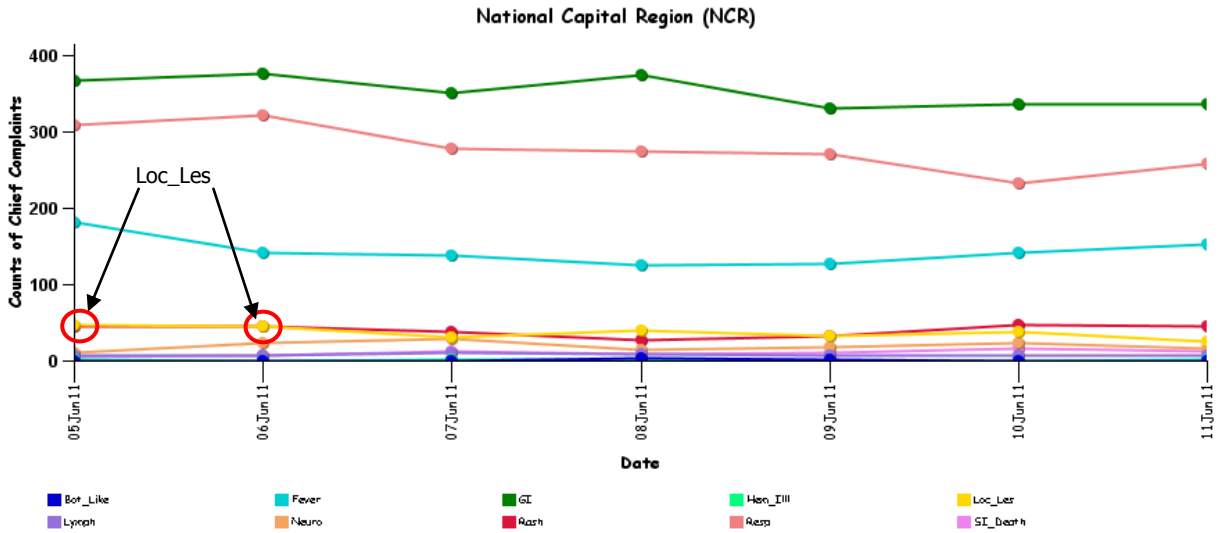
Public Health & Emergency Preparedness Bulletin: # 2011:23 Reporting for the week ending 06/11/11 (MMWR Week #23)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: **No Active Alerts**
Maryland: **Level One (MEMA status)**

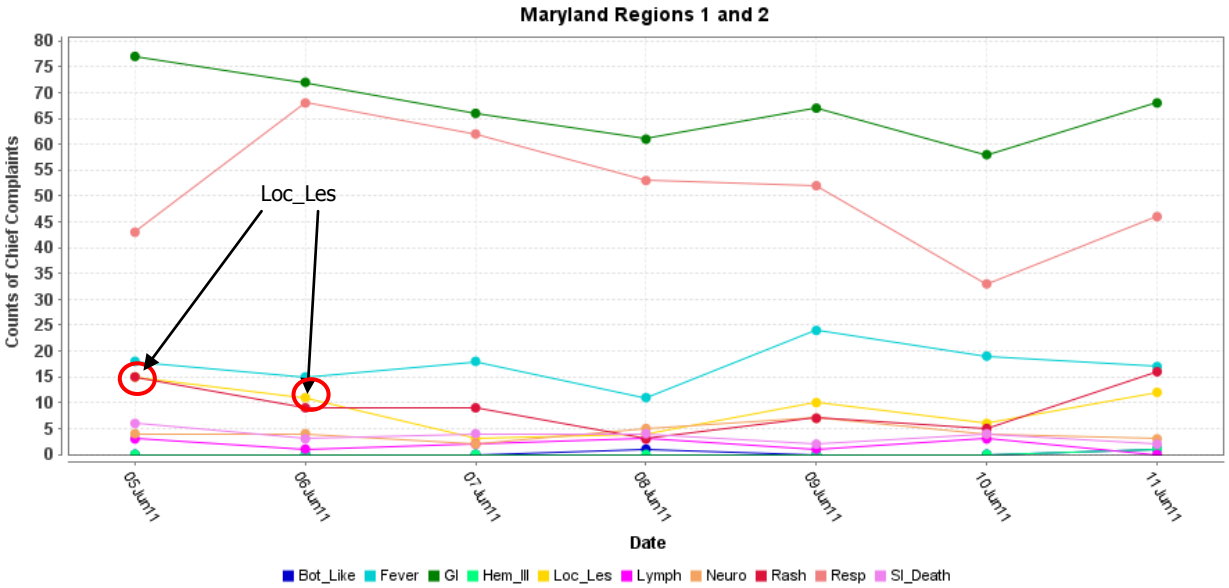
SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

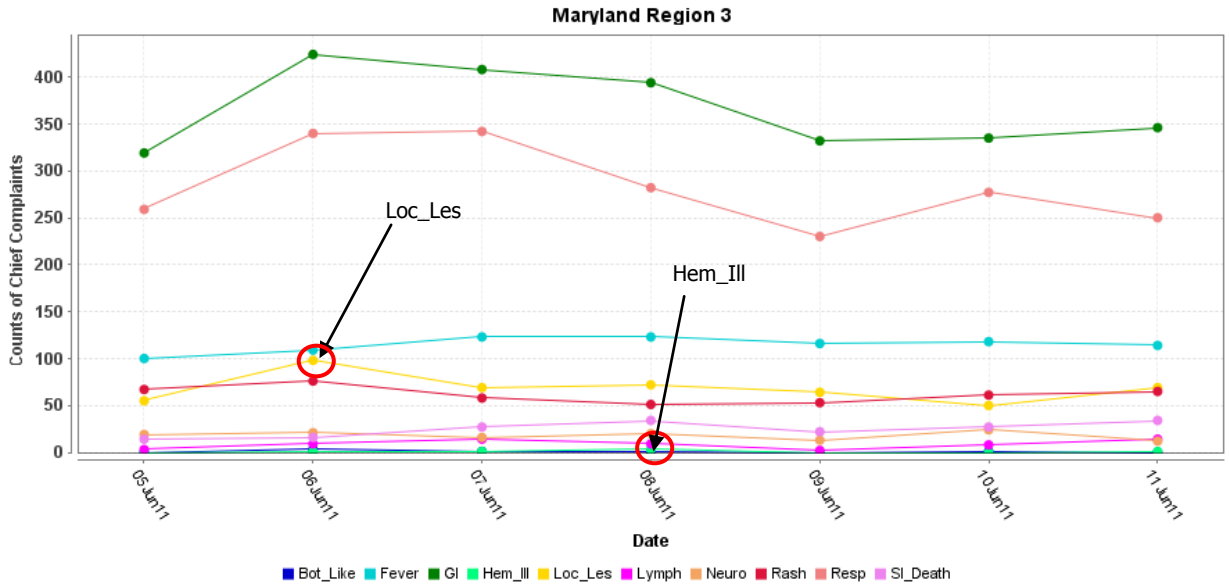


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

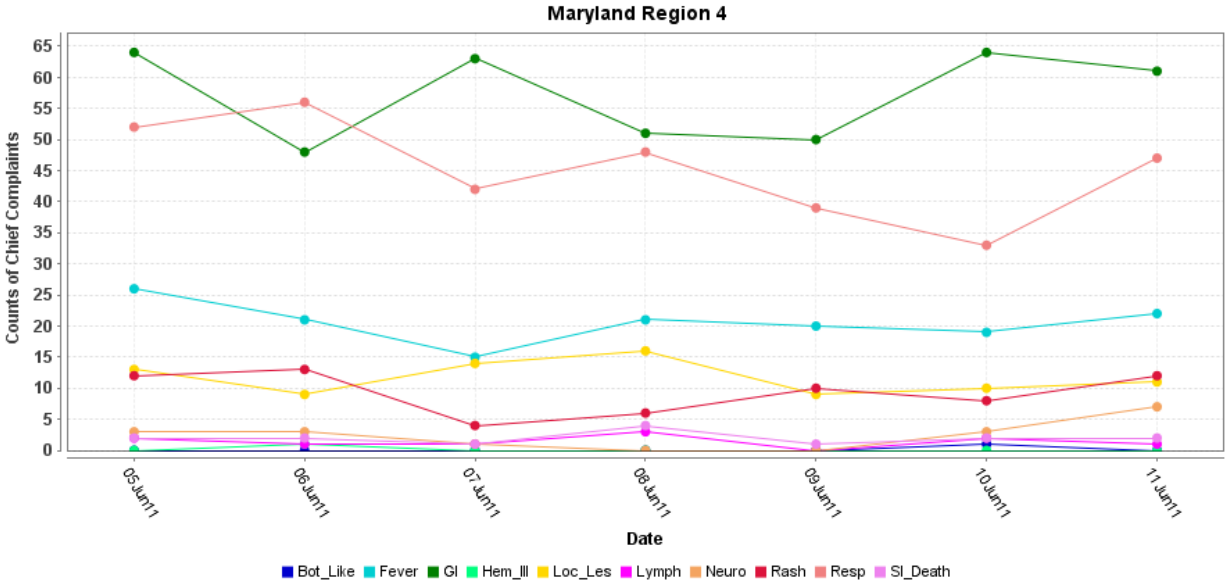
MARYLAND ESSENCE:



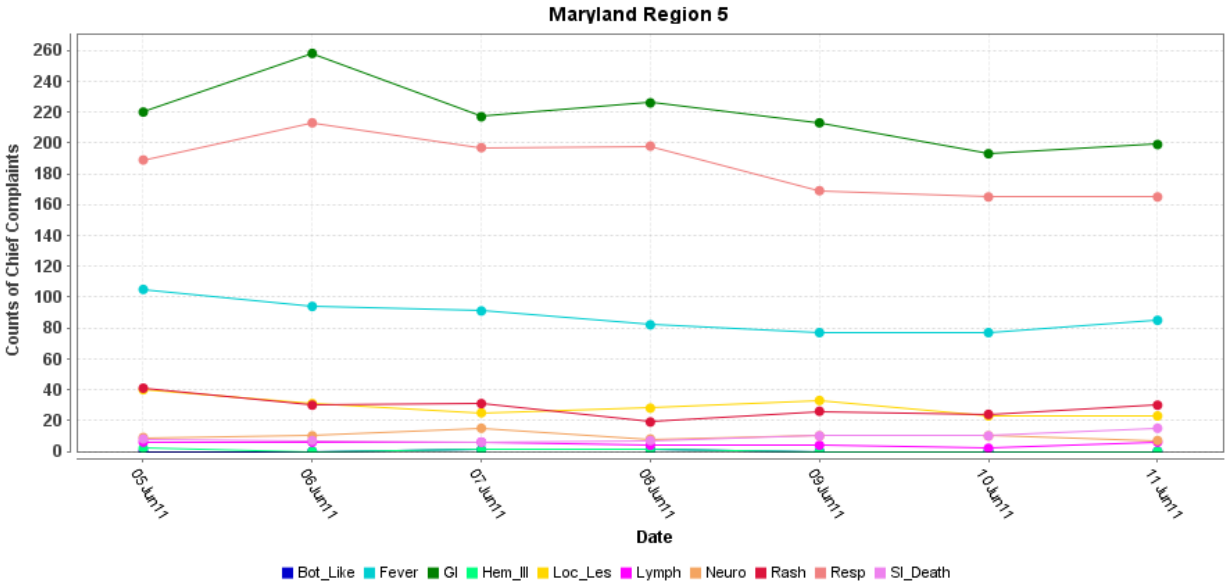
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



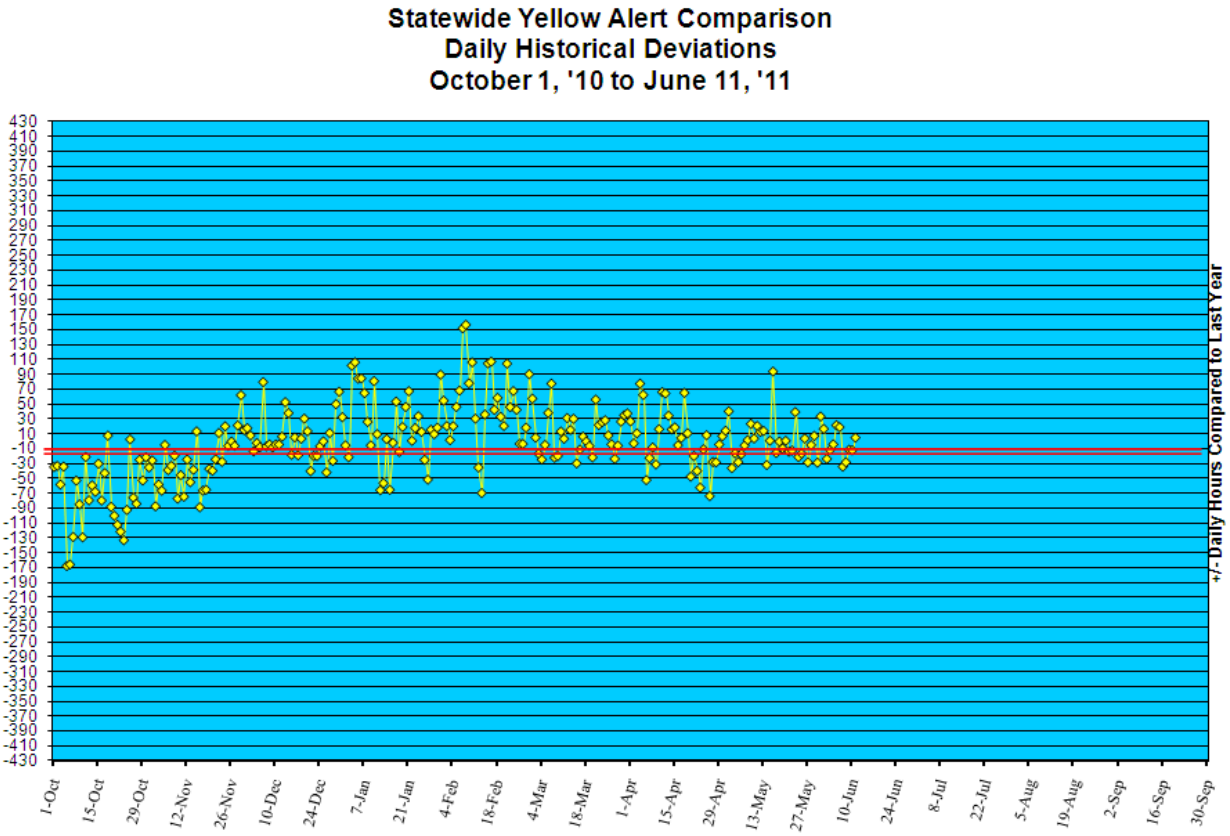
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/10.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in May 2011 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (June 5 – June 11, 2011):	9	0
Prior week (May 29 – June 4, 2011):	8	0
Week#23, 2010 (June 6 – June 12, 2010):	15	0

4 outbreaks were reported to DHMH during MMWR Week 23 (June 5 – June 11, 2011).

2 Foodborne outbreaks
1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Restaurant
1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Catered Event

1 Rash illness outbreak
1 outbreak of FIFTH DISEASE in a School

1 Other outbreak
1 outbreak of MRSA in a Hospital

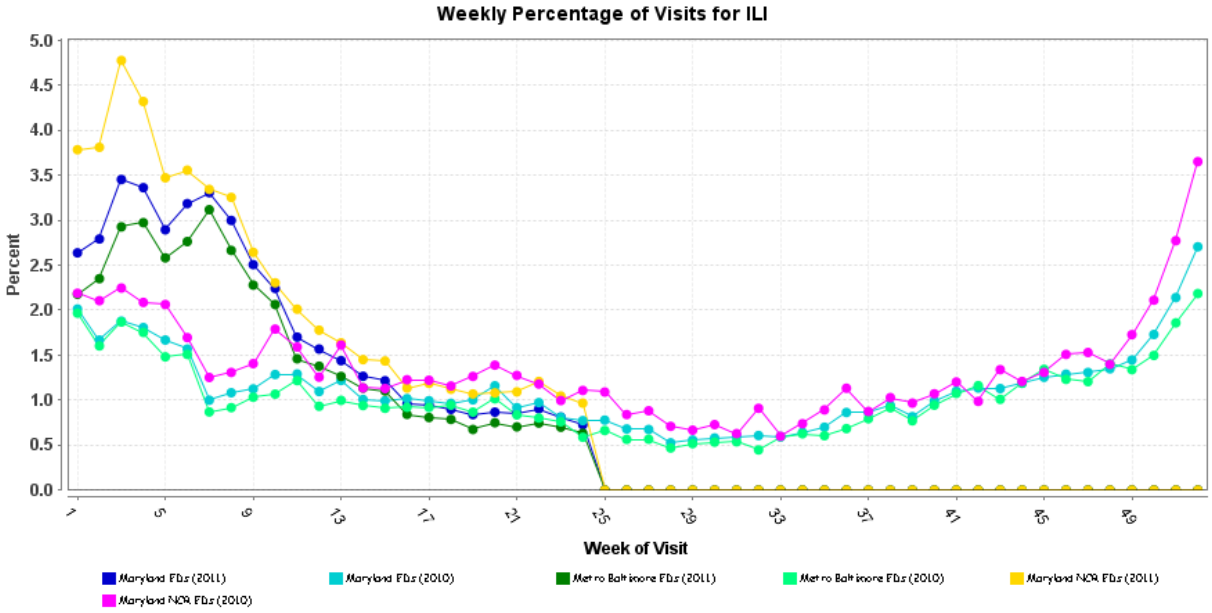
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

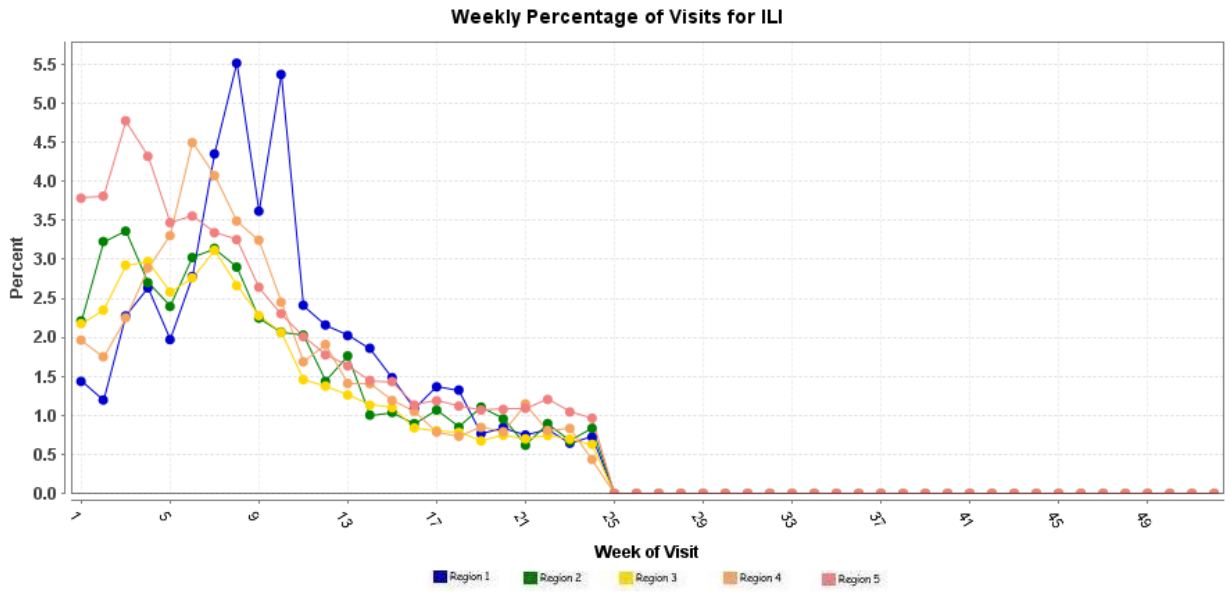
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



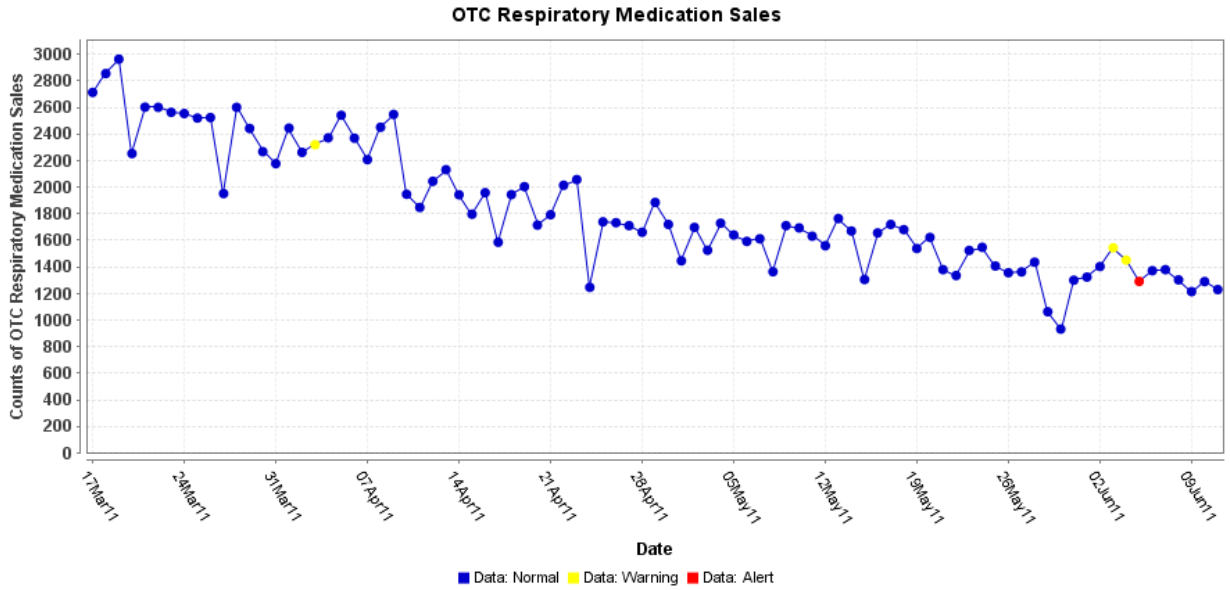
* Includes 2010 and 2011 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2011 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

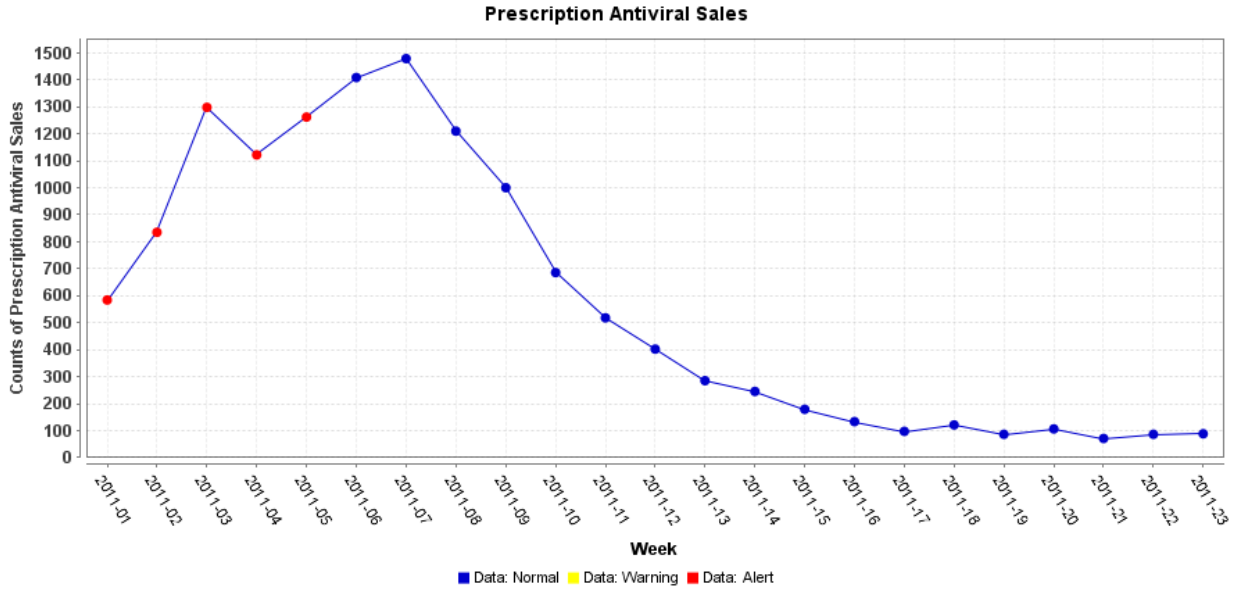
OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PRESCRIPTION ANTIVIRAL SALES:

Graph shows the weekly number of prescription antiviral sales in Maryland.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of June 10, 2011, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 556, of which 325 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 58%.

AVIAN INFLUENZA, HUMAN (CAMBODIA): 10 June 2011, The Ministry of Health (MoH) of the Kingdom of Cambodia has announced a confirmed case of human infection with avian influenza A (H5N1) virus. The case was a 7-year-old female from Prasat village, Prasat commune, Kampong Trabek district, Prey Veng Province. She developed symptoms on 24 May 2011, was initially treated by local private practitioners with no effect and was later admitted to Kantha Bopha Children Hospital on 31 May 2011. She died on 7 Jun 2011, 7 days after admission. There have been reports of poultry die off in her village and the case is reported to have had exposure to sick poultry. The female is the 16th person in Cambodia to become infected with the H5N1 virus and the 14th to die from complications of the disease. All 6 cases of H5N1 infections in humans in Cambodia this year have been fatal. The National and local Rapid Response Team (RRT) is conducting outbreak investigation and response following the national protocol.

NATIONAL DISEASE REPORTS

LISTERIOSIS (COLORADO): 05 June 2011, The Colorado Department of Public Health and Environment [CDPHE] says 2 people have died because of an outbreak of listeriosis. The CDPHE says it is working with Denver Public Health and Denver Environmental Health after 3 cases of listeriosis were reported since 20 May 2011. All 3 cases involved people of Hispanic or Latino heritage, according to the CDPHE. The 2 people who died were a man in his 30s and a woman in her 60s. "These cases are very concerning to us because we have seen 3 in over a little more than a week, and usually we see only 10 cases a year. So this is very concerning to us," Alicia Cronquist, an epidemiologist, said. The CDPHE says Colorado averages 10 cases of listeriosis a year. The source of the outbreak is still unknown. People who are at high risk for Listeria infection include people with weakened immune systems from transplants or certain chronic diseases, immunosuppressive therapies or medications; pregnant women; and people age 60 and older. Healthy people rarely contract listeriosis, according to the CDPHE. Symptoms can include fever and muscle aches and also can include diarrhea, headache, stiff neck, confusion and convulsions. Listeriosis also can cause miscarriages and stillbirths. Antibiotics can cure it and prevent the fetus from being infected. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

E. COLI O1O4 (EUROPEAN UNION): 10 June 2011, Since 8 Jun 2011, Member States have started reporting cases according to a new EU case-definition. This resulted with marginal adjustments of figures compared to previous reports in 5 Member States, Finland (that is not reporting cases anymore), France, the Netherlands, Sweden and the UK. On 22 May 2011, Germany reported a significant increase in the number of patients with hemolytic uremic syndrome (HUS) and bloody diarrhea caused by Shiga toxin-producing E. coli (STEC). Since 2 May 2011, 795 cases of HUS and 2287 non-HUS STEC cases have been reported from EU Member States, including 759 HUS cases and 2229 non-HUS STEC cases in Germany. 22 of the HUS cases and 9 non-HUS STEC cases in EU Member states have died [total = 31]. While HUS, caused by STEC infections, is usually observed in children under 5 years of age, in this outbreak the great majority of cases are adults, with around 2/3s being women. Laboratory results indicate that STEC serogroup O104:H4 (Stx2-positive, eae-negative, hly-negative, ESBL, aat, aggR, aap) is the causative agent. PFGE results shows indistinguishable pattern of 7 human O104:H4 outbreak strains in Germany and 2 strains of O104:H4 in Denmark. Although the source of the outbreak is still under investigation, food items [sprouts, see below - Mod.LL] originating from a specific farm in northern Germany have been indicated by the German authorities as the most likely vehicle of infection. Most cases are from, or have a history of travel to the North of Germany (mainly Schleswig-Holstein, Lower Saxony, North-Rhine-Westphalia and Hamburg). In the EU/EEA, Austria, Denmark, Germany, the Netherlands, Poland, Spain, Sweden and the UK have reported cases of HUS, while 5 other Member States have reported only non-HUS STEC cases. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, LIVESTOCK (BANGLADESH): 10 June 2011, Six more people have been infected with anthrax at Shahjadpur upazila [subdistrict] in Sirajganj, increasing the number of such patients in the district to 57 over the last 2 weeks. Sanitary inspector of Sirajganj civil surgeon office Ram Chandra Saha told on Wednesday [8 Jun 2011] bdnews24.com that the infected people were from Hasakhola village under Habibullahnagar union council and they were being treated at Shahjadpur Upazila Health Complex. Civil surgeon Dr. Nazim Uddin told bdnews24.com that they were campaigning in the affected areas urging people not to get panicked with anthrax as the disease was under control. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

SCHISTOSOMIASIS (PHILIPPINES): 10 June 2011, A total of 99 persons from Palo, Leyte, have fallen ill due to schistosomiasis, a parasitic disease that is spread by contact with contaminated water. Lilia Navarra, laboratory technician of the Schistosomiasis Research and Training Center based in Palo, said authorities examined the stool and blood samples of 148 persons, and found that 99 of them had schistosomiasis. The patients were from the 33 barangays [the smallest administrative division in the Philippines] of Palo, about 12 km [7.5 mi] from the capital city of Tacloban, which was one of the areas in Leyte that were hit by floods on 16 and 17 Mar 2011. The floods that hit Palo last March were confirmed as the cause of the spread of the infection. The number of patients may rise since several people from different barangays in Palo had visited the center to have their blood and stool samples examined for possible infection, said Navarra. On Wednesday [8 Jun 2011], 23 persons went to the center for tests. One of them was a 21-year-old woman, who asked not to be identified. She said she had been suffering from fever and body malaise in the past few days. She decided to go to the center after several of her neighbors tested positive of schistosomiasis. "I just hope that it (my test results) will be negative," she said. According to Navarra, the patients may have waded in flood waters which were populated with snails, the intermediate host of cercaria, the parasitic larvae that cause the disease. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

BRUCELLOSIS, HUMAN, LIVESTOCK (RUSSIA): 06 June 2011, A total of 5 people in the settlement Karpovskiy of Gorodishenskiy rayon have been diagnosed with brucellosis at the end of May 2011. 3 of them, including a 13-year-old required hospitalization. Currently all of the cases have been discharged. Meanwhile, outbreak control measure like animal culling and disinfection are being taken locally. Last year 3 similar outbreaks had been registered in the same place. The local state farm is under quarantine since last year [2010] because of brucellosis. The specialists consider that the infections occur mainly from own animals or due to drinking raw milk. It is strongly recommended not to buy meat and milk from private vendors especially when the veterinary certification cannot be provided. (Brucellosis is listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

CHOLERA (HAITI): 06 June 2011, The situation in Port-au-Prince continues to deteriorate. Most of the contacted cholera treatment centers (CTCs) report that they are at full capacity, and continue to receive new patients through the day. There is no detailed tracking of the amount of patients seen. An estimate of 1300 patients is currently admitted in CTCs and CTUs [cholera treatment units] in Port-au-Prince operating at full capacity. As of 29 May 2011, MSPP [Ministry of Public Health and Population] reports 321,066 cases seen since the beginning of the outbreak, including 5337 deaths. CCCM [Camp Coordination and Camp Management] and PAHO/WHO will develop a strategy on how to keep track of oral rehydration points (ORP) in the camps given the small number of camp managers currently working in the city. A system has been put in place with the team of camp managers to alert PAHO/WHO directly whenever they note cholera or other health related issues in the camps. National authorities, partners, and PAHO/WHO remain vigilant to coordinate prevention and response activities to mitigate the further spread of the disease. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

CHOLERA (DOMINICAN REPUBLIC): 06 June 2011, Nearly 30 people have died of cholera in the Dominican Republic and at least another 5000 have been infected following the massive outbreak in Haiti, which began in 2010, said Senen Caba, the head of the Dominican Medical College. However, the health ministry said in its latest toll that the number of deaths is 23 while only 1288 have been infected. Health minister Bautista Rojas told the press he expects a rise in cases in the coming 3 to 4 weeks. He also confirmed that 2 new laboratories have been installed for detecting the disease. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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